

Examining Influential Factors in Providers' Chronic Pain Treatment Decisions: A Comparison of Physicians and Medical Students

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Reports have found that chronic pain management guidelines are unclear and conflicting. Due to this confusion, it is critical to understand factors that influence providers' treatment decisions for chronic pain. Little is known about which factors providers use to make treatment decisions or whether providers of different training levels endorse using similar factors. The purpose of this study was to examine the factors that providers report using to make their chronic pain treatment decisions. We hypothesized that providers would: (1) prioritize objective factors over subjective factors, (2) be particularly interested in information about patients' substance use, and (3) endorse using different factors depending on their training level (physicians vs. medical students). Eighty-five providers (35 medical students, 50 physicians) viewed 16 computer-simulated patients; each included a picture with text describing the patients' condition (i.e., chronic lower back pain, open to any treatment, presence/absence of depression). After making treatment decisions, participants selected from a list the factors they used and would have used (if the information had been available) to make their treatment decisions. Most providers reported being influenced by patients' pain histories (97.6%) and pain descriptions (95.3%). Providers indicated they would have used information about patients' previous treatments (97.6%), average pain ratings (96.5%), and current pain (96.5%) had this information been available. Compared to physicians, medical students endorsed more often that they would have used patients' employment and/or disability status ($p < .01$), illicit drug use ($p = .09$), and alcohol use ($p = .08$) to make treatment decisions. These results indicate that providers rely on objective and subjective information to make pain treatment decisions, and compared to physicians, medical students place a stronger emphasis on patients' substance abuse and social history when making treatment decisions. Future studies should examine additional provider and patient factors that influence decisions for specific pain treatment options.

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